

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>[Signature]</i>	10029	8/17/02
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	12	3	8/10/02
2	20	29	8/10/02
3	3	1	8/10/02
4	4	1	8/10/02
5	5	1	8/10/02
6	6	1	8/10/02
7	7	1	8/10/02
8	8	✓	8/10/02
9	9	✓	8/10/02
10	10	✓	8/10/02
11	11	✓	8/10/02
12	12	✓	8/10/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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